



Document Name: DLD/DID RMV #90042 HARDWARE/SOFTWARE [2216244]
Document Description: Verifone VX805(6)

Document I.D.: INTF19M0103179Y00006
Code: DOT 0287
Action: Entry
VENDOR'S CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below.
SEE ATTACHED INVOICE
[Please Sign to link]

Header Information
Budget FY: 2019 Document Total: \$5,240.00
Fiscal Year: 2019 Vendor Name: MORPHOTRUST USA, LLC
Period: 13 Vendor Address: 6840 CAROTHERS PKWY STE 650
SCH Pay Date: Vendor/Customer No.: VC6000183131 City: FRANKLIN State: TN
Requester ID: dola8z Address Code: AD001 Handling Code: Single Payment
Report Note: Comment

Line #1 - Commodity Information

Commodity Code	List Price	Description	HARDWARE	Ref Code	Ref Dept	Ref ID	Ref Inv. #
80117130000	\$1.00	PC	1	PC	DOT	INTF00002018M0103179	INV24188
Line Type	Item	Unit Price	6/17/2019	Service From	6/17/2019	Service To	6/17/2019
Quantity	5240	EA	6/17/2019	Unit of Measure	EA	Contract Amount	\$5,240.00
		Discount Terms	DAYS 1	PERCENT 1	DAYS 3	PERCENT 3	
			DAYS 2	PERCENT 2	DAYS 4	PERCENT 4	

Line #1 - Accounting Information

Event Type	Ref. Line	Description	Verifone VX805(6)	Major Program	Program
AP01	6	Unit	IR01		C000000
Budget FY	2019	Fund	0200	Activity	009N
Bank Acct		Sub Fund	586C	Ref Type	000
Dept	DOT	Program Period	EPP	Check Descr	Partial
Sub Total Line Amount		Dept Object	60440001	Function	15667
					\$5,240.00

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

Print Name: William Yee
Signed: [Signature]
Title: IT Finance Manager
Phone Ext.: 9878
Date: 7/5/19
Prepared by: [Signature]
Authorized Signatory: [Signature]

FOR FISCAL USE ONLY
Entered By: _____ Date: _____ Verified By: _____ Date: _____
(Initial) (Initial)

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Invoice	INV24188
Date	6/17/2019
Page	1

JUN 17 2019 PM 5:49

Bill To:

COMMONWEALTH OF MASSACHUSETTS
 Mass DOT - IT
 10 Park Plaza, Room 8350
 BOSTON MA 02116
 United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
 200 ARLINGTON ST
 STE 2200
 CHSB - FISCAL DEPT
 CHELSEA MA 02150
 United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
SEE BELOW	BD-3060	UPS_GROUND	7/17/2019	NET 30	6/17/2019	686,628	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
6.00	6.00	\$ 0.00	DELIVERABLE	Veriphone VX 805 Signature Pads 6 Devices were provided, 5 were installed, and one was provided as a spare	\$ 0.00000	\$ 790.00000	\$ 4,740.00
1.00	1.00	\$ 0.00	DELIVERABLE	Installation of Equipment Purchase Order # PCDOT028719103179-8 Contract # 90042	\$ 0.00000	\$ 500.00000	\$ 500.00

Ln 1-6

Subtotal	\$ 5,240.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 5,240.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Cadorette, John (DOT)

From: Ocana, Hector <Hector.Ocana@us.idemia.com>
Sent: Monday, June 17, 2019 5:08 PM
To: Cadorette, John (DOT)
Cc: Priestly, Tracey; Grochmal, Diane
Subject: Commonwealth of Massachusetts Milestone invoice INV24188
Attachments: INV24188.pdf

Attached you will find your invoice. If you have any questions, please feel free to contact me.

Best regards,
Hector Ocana

Hector Ocana
Accountant | Finance

P: (978) 215 2597
M: (000) 000 0000
E: Hector.Ocana@us.IDEMIA.com

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Billerica, MA 01821



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